

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 6946 First Report	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Dennis G. Thomas P.O. Box, Bldg., Room No., if any Street 1618 Kathy Lane City Miamisburg State Chio ZIP Code + 4 45342	4. Name, file number, and address of labor organization. Name Communications Workers of America Labor Organization File Number 000-188 P.O. Box, Building and Room Number, if any Street 501 Third St., NW City Washington, DC State District of Columbia ZIP Code + 4 20001
5. Position in labor organization. Assistant to Vice President - Retired April 30, 2005	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Dennis G. Thomas

On

8-8-05

Date

937 866 7817

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IUE-CWA Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1460 Broad Street</p> <p>City Bloomfield</p> <p>State New Jersey ZIP Code + 4 07003</p>	<p>9. Business deals with:</p> <p style="text-align: center;">a. Labor Organization</p> <p style="text-align: center;">X b. Trust</p> <p style="text-align: center;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IUE-CWA Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1460 Broad St</p> <p>City Bloomfield</p> <p>State New Jersey ZIP Code + 4 07003</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">2-24-2004 - Lunch meeting with Director of IUE-CWA Pension Fund</p>
	<p>11.b. Approximate dollar value of such dealing. \$26.00</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Marco Consultant Group</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 550 W. Washington, 9th Floor</p> <p>City Chicago</p> <p>State ILL ZIP Code + 4 60661</p>	<p>14.a. Nature of payment.</p> <p style="text-align: center;">First meeting for new union trustees with Marco Consultant Group - consultants for IUE-CWA Pension Fund; new union trustees and management trustees attended. Dinner meeting</p>
<p>13.b. Is the Business an Employer or Consultant X ?</p>	<p>14.b. Amount of payment. \$78.00</p>